

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							9-80 CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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28												
29	1		1		1		1					
30		1		2			2					
31		2		2			2					
32		2		2			2					
33		1		1			1					
34		1		2			2					
35		2		2			2					
36		2		1			1					
37		1		1			1					
38		1		1			1					
39		2		2			2					
40		1		1			1					
41		1		1			1					
42		1		1			1					
43	1		1		1		1					
44		1		2			2					
45		2		1			1					
46		1		1			1					
47		1		1			1					
48		1		1			1					
49												
50												
TOTAL IND.	2		2		2		2					
TOTAL DEP.	25		25		20		20					
TOTAL CLAIMS	27		27		22		22					
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